

A

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

- | | |
|--|---|
| <input type="checkbox"/> New Pharmacy | <input checked="" type="checkbox"/> Ownership Change
(Please provide current license number if making changes: <u>PH 02568</u>) |
| <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7 | <input type="checkbox"/> Partnership - Pages 1,2,5,7 |
| <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7 | <input type="checkbox"/> Sole Owner – Pages 1,2,6,7 |
| Please check box for type of ownership and complete correct part of the application. | |

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Agropec Trading, LLC dba Allivet

Physical Address: 480 West 83rd Street, Hialeah, FL 33014

Mailing Address: 480 West 83rd Street

City: Hialeah State: Florida Zip Code: 33014

Telephone: 877-500-9944 Fax: 877-500-9950

Toll Free Number: 877-500-9944 (Required per NAC 639.708)

E-mail: leticia@allivet.com Website: http://www.allivet.com

Managing Pharmacist: Lenard Shaw License Number: PS29643 - Florida

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
- ☐ ☒ Hospital (# beds)
- ☐ ☒ Internet
- ☐ ☒ Nuclear
- ☐ ☒ Ambulatory Surgery Center
- ☐ ☒ Community
- ☐ ☒ Other:

All boxes must be checked
For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
- ☐ ☒ Parenteral **
- ☐ ☒ Parenteral (outpatient)
- ☐ ☒ Outpatient/Discharge
- ☒ ☐ Mail Service
- ☐ ☒ Long Term Care
- ☐ ☒ Sterile Compounding **
- ☐ ☒ Non Sterile Compounding
- ☐ ☒ Mail Service Sterile Compounding **
- ☐ ☒ Other Services:

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting.**

B

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☐ Publicly Traded Corporation – Pages 1,2,3,7☐ Partnership - Pages 1,2,5,7☒ Non Publicly Traded Corporation – Pages 1,2,4,7☐ Sole Owner – Pages 1,2,6,7**GENERAL INFORMATION to be completed by all types of ownership**Pharmacy Name: Bowie's Priority Care Pharmacy, LLC.Physical Address: 5100 Curry Hwy, Suite 150Mailing Address: 5100 Curry Hwy, Suite 150City: Tasper State: AL Zip Code: 35503Telephone: 205-221-4090 Fax: 205-225-1521Toll Free Number: 888-333-1290 (Required per NAC 639.708)E-mail: atigrett@prioritycare rx.net Website: -Managing Pharmacist: Richard Bowie License Number: 7396**TYPE OF PHARMACY AND****SERVICES PROVIDED**

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds ____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

95353

C

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☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☒ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Delaney Pharmacy, LLC

Physical Address: 2573 Richmond Rd Suite 300

Mailing Address: 2573 Richmond Rd Suite 300

City: Lexington State: KY Zip Code: 40509

Telephone: 859-429-6943 Fax: 859-201-1439

Toll Free Number: 866-963-9484 (Required per NAC 639.708)

E-mail: pharmacist@delaneyrx.com Website: NA

Managing Pharmacist: James Tudor License Number: 014500

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds ____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

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GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Invotex LLC d.b.a. Fusion Pharmaceuticals

Physical Address: 4115 W. Spruce St, Suite 202, Tampa, FL 33607

Mailing Address: 4115 W. Spruce St, Suite 202

City: Tampa State: FL Zip Code: 33607

Telephone: 813-540-0066 Fax: 877-380-7474

Toll Free Number: 888-241-1677 (Required per NAC 639.708)

E-mail: mpranpat@rxfusion.com Website: _____

Managing Pharmacist: Yvonne Youssef License Number: PS37964

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds ____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☐ ☒ Other: _____

All boxes must be checked
For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

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E

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☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership - Pages 1,2,5,7 ☒ Sole Owner – Pages 1,2,6,7 LLC

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Hawthorne Pharmacy, LLC

Physical Address: 3320 Tylersville Road,

Mailing Address: Same as above

City: Hamilton State: OH Zip Code: 45011

Telephone: 513-299-796A Fax: 513-285-3147

Toll Free Number: 866-602-6449 (Required per NAC 639.708)

E-mail: pharmacist@hawthornex.com Website: N/A

Managing Pharmacist: Patrick Caruso License Number: RPH. 03120539-1

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

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☐ Partnership - Pages 1,2,5,7

☐ Non Publicly Traded Corporation – Pages 1,2,4,7

☒ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Innovative Rx, LLC

Physical Address: 12176 So. 1000 E. Suite 2

Mailing Address: Same as Above

City: Draper State: UT Zip Code: 84020

Telephone: 801-355-5176 Fax: 801-606-7358

Toll Free Number: 877-252-4882 (Required per NAC 639.708)

E-mail: pharmacists@innovativerx.net Website: NA

Managing Pharmacist: Angelee Dean License Number: 00047553-1701

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☒ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☒ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

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☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Pinnacle Pharmacy Solutions, LLC

Physical Address: 3011 S. 52nd St Tempe, AZ 85282

Mailing Address: 3011 South 52nd Street

City: Tempe State: AZ Zip Code: 85282

Telephone: 480-405-1366 Fax: 480-718-7573

Toll Free Number: 866-401-1948 (Required per NAC 639.708)

E-mail: management@pinnaclepharmacy-services.com Website: NA

Managing Pharmacist: Kathleen Craig License Number: 12633

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

- ☒ ☒ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☒ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☒ ☐ Other Services: Central Processing

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

95752

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☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ Partnership – Pages 1,2,5,7

☐ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Prime Therapeutics Specialty Pharmacy

Physical Address: 2354 Commerce Park Drive, Ste 100, Orlando, FL 32819

Mailing Address: PO Box 901

City: Deerfield State: IL Zip Code: 60015

Telephone: 1-407-591-4063 Fax: 1-407-591-4076

Toll Free Number: 1-877-627-6337 (Required per NAC 639.708)

E-mail: SpecialtyLicenses@walgreens.com

Website: www.primetherapeutics.com

Managing Pharmacist: Sabeen Hasni License Number: PS39363

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

☐ ☒ Retail

☐ ☒ Hospital (# beds)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☐ ☒ Community

☒ ☐ Other: Mail Order

All boxes must be checked

For the application to be complete

Yes/No

☐ ☒ Off-site Cognitive Services

☐ ☒ Parenteral **

☐ ☒ Parenteral (outpatient)

☐ ☒ Outpatient/Discharge

☒ ☐ Mail Service

☐ ☒ Long Term Care

☐ ☒ Sterile Compounding **

☐ ☒ Non Sterile Compounding

☐ ☒ Mail Service Sterile Compounding **

☐ ☒ Other Services:

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I

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☐ Partnership – Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Scripts Rx Pharmacy

Physical Address: 1333 W. Belmont Ave Ste 320, Chicago, IL 60657

Mailing Address: 1333 W. Belmont Ave. Ste 320, Chicago, IL 60657

City: Chicago State: IL Zip Code: 60657

Telephone: 800-266-4907 Fax: 877-992-3831

Toll Free Number: 800-266-4907 (Required per NAC 639.708)

E-mail: info@scriptsrpharmacy.com Website: www.scriptsrpharmacy.com

Managing Pharmacist: Joseph Moore License Number: 051299934

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

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95701

NEVADA STATE BOARD OF PHARMACY

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☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ Partnership - Pages 1,2,5,7

☐ Non Publicly Traded Corporation – Pages 1,2,4,7

☒ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: US HEALTHLINK, LLC

Physical Address: 1516 E. HILLCREST ST. #301

Mailing Address: Same

City: ORLANDO State: FL Zip Code: 32803

Telephone: 407-440-4945 Fax: 407-440-8122

Toll Free Number: 855-421-2732 (Required per NAC 639.708)

E-mail: pharmacy@ushealthlink.com Website: N/A

Managing Pharmacist: Meitsy Martinez License Number: PS51321

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds ____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

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95572

K

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☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ Partnership - Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: WALGREENS #02445

Physical Address: 8337 S PARK CIRCLE

Mailing Address: PO BOX 901, DEERFIELD, IL 60015

City: ORLANDO State: FL Zip Code: 32819

Telephone: 800-999-2655 Fax: 800-332-9581

Toll Free Number: 800-999-2655 (Required per NAC 639.708)

E-mail: MICHELLE.MAZZENGA@WALGREENS.COM Website: WWW.WALGREENS.COM

Managing Pharmacist: LONNIE C. WOLLITZ License Number: PS34385 (FL)

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
☐ ☒ Hospital (# beds)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☐ ☒ Other:

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services:

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

L

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☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☒ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Wellness Pharmacy, LLC

Physical Address: 1480 Wilcrest Drive

Mailing Address: 1480 Wilcrest Drive

City: Houston State: Texas Zip Code: 77042

Telephone: 713 532 0008 Fax: 713 532 0020

Toll Free Number: 855 873 7992 (Required per NAC 639.708)

E-mail: Sherine.B@Hotmail.com Website: N/A

Managing Pharmacist: Sherine Bahne License Number: 146456

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: N/A

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting.

95750

M

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☒ Partnership – Pages 1,2,5,7

☐ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Advanced Rx

Physical Address: 142-A W. Germantown Pike

Mailing Address: 142-A W. Germantown Pike

City: East Norriton State: PA Zip Code: 19401

Telephone: 484-681-5756 Fax: 484-681-5673

Toll Free Number: 1-844-511-4760 (Required per NAC 639.708)

E-mail: jason@advancedrx.co Website: www.advancedrx.co
(not .com)

Managing Pharmacist: Jason Jerusik License Number: RP444186

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

95689

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ Partnership – Pages 1,2,5,7

☐ Non Publicly Traded Corporation – Pages 1,2,4,7

☒ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: CARECOM PHARMACY & COMPOUNDING

Physical Address: 6630 FM 1463 Rd, Suite 400-A, KATY TX 77494

Mailing Address: 6630 FM 1463 Rd, Suite 400-A

City: KATY State: TX Zip Code: 77494

Telephone: 832-437-3397 Fax: 832-437-3239

Toll Free Number: 1-844-898-2619 (Required per NAC 639.708)

E-mail: Syed_cvs@yahoo.com Website: www.CarecomPharmacy.com

Managing Pharmacist: SYED Z. SHAH License Number: 30373

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☐ ☒ Other: _____

All boxes must be checked
For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☒ ☐ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

95569

0

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms. (uc)
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☒ Partnership – Pages 1,2,5,7
☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Care Rx LLC / Payless Drug

Physical Address: 18110 SE 34th St., Building 2, Suite 270

Mailing Address: 18110 SE 34th St., Building 2, Suite 270

City: Vancouver State: WA Zip Code: 98683

Telephone: 503-626-9436 Fax: 503-372-1792

Toll Free Number: 1800-330-3665 (Required per NAC 639.708)

E-mail: atta.chowdhry@paylessdrug.com Website: Paylessdrug.com

Managing Pharmacist: Atta Chowdhry License Number: PH 00019273

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☒ ☐ Other: Long term Care

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☒ ☐ Long Term Care
☐ ☒ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

95753

P

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ **New Pharmacy** or ☐ **Ownership Change** (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

☐ **Publicly Traded Corporation** – Pages 1,2,3,7

☐ **Partnership** – Pages 1,2,5,7

☒ **Non Publicly Traded Corporation** – Pages 1,2,4,7

☐ **Sole Owner** – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: LOYOLA PHARMACY

Physical Address: 8610 S. SEPULVEDA BLVD #108, LOS ANGELES, CA 90045

Mailing Address: SAME AS ABOVE

City: _____ State: _____ Zip Code: _____

Telephone: 310-670-3834 Fax: 310-670-4921

Toll Free Number: 866-719-9507 (Required per NAC 639.708)

E-mail: EMERSONRX@YAHOO.COM Website: N/A

Managing Pharmacist: ZOULIKHA NEDJAR License Number: RPH52225

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ **Off-site Cognitive Services**
☐ ☒ **Parenteral ****
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☐ ☒ Mail Service
☐ ☒ Long Term Care
☐ ☒ **Sterile Compounding ****
☒ ☐ Non Sterile Compounding
☐ ☒ **Mail Service Sterile Compounding ****
☐ ☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

95571

Q

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Pharmacy or ☒ **Ownership Change** (Provide current license number if making changes: **PH 02062**)
 Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership – Pages 1,2,5,7
☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: PRIME THERAPEUTICS

Physical Address: 2901 KINWEST PKWY, SUITES 250 &350

Mailing Address: PO BOX 901, DEERFIELD, IL 60015

City: IRVING State: TX Zip Code: 75063

Telephone: 877-357-7463 Fax: 972-630-1449

Toll Free Number: 877-357-7463 (Required per NAC 639.708)

E-mail: SpecialtyLicenses@walgreens.com Website: WWW.PRIMETHERAPEUTICS.COM

Managing Pharmacist: JAGRUTI PATEL-HERRON License Number: 33588

TYPE OF PHARMACY **AND SERVICES PROVIDED**

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☐ ☒ Other:

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services:

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

R

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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☐ New Pharmacy or ☒ Ownership Change (Provide current license number if making changes: PH 00988)
Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ Partnership - Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Walgreens Mail Service

Physical Address: 8350 S. River Pkwy., Tempe, AZ 85284-2615

Mailing Address: PO Box 901

City: Deerfield State: IL Zip Code: 60015

Telephone: 1-800-345-1985 Fax: 480-752-5271

Toll Free Number: 1-800-345-1985 (Required per NAC 639.708)

E-mail: rxm.03397@store.walgreens.com

walgreens.com

Website:

Managing Pharmacist: Hazem Abawi License Number: S01477

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☒ ☐ Other: Mail order

All boxes must be checked
For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

S

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler ☐ Ownership Change
(Please provide current license number if making changes: WH _____)

Ownership is a:

☒ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: AmerisourceBergen Drug Corp

Physical Address: 7775 W. Buckeye Road Suite 150

Mailing Address: 7775 W. Buckeye Road Suite 150

City: Phoenix State: AZ Zip Code: 85043

Telephone: 602 477-8661 Fax: 602 442-8852

Toll Free Number: _____

E-mail: mafisher@amerisourcebergen.com Website: http://www.amerisourcebergen.com/abcnew/

Facility Manager: Michael Garland

Mike Garland held the following positions with AmerisourceBergen Drug Corporation over the last 17 years:

Professional qualifications and experience of facility manager: _____
1999-2004: Inventory Manager 2004-2013: Operations Manager 2013-present: Director of Operations

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☒ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA)
☐ Other: _____

95567

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler

☐ Ownership Change

(Please provide current license number if making changes: WH_____)

☐ Publicly Traded Corporation – Pages 1,2,3,4

☐ Partnership - Pages 1,2,3,6

☒ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b

☐ Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: AVELLA OF DEER VALLEY, INC #38

Physical Address: 24416 N. 19TH AVE

Mailing Address: 11006 W. WHISPERING WIND DR.

City: Phoenix State: AZ Zip Code: 85085

Telephone: (877) 719-6349 Fax: (877) 719-6362

Toll Free Number: (877) 719-6349

E-mail: christopher.dinoffria@avella.com Website: www.avella.com

Facility Manager: CHRISTOPHER DINOFFRIA

Professional qualifications and experience of facility manager: PharmD PIC;

PREVIOUS FACILITY MANAGER FOR AVELLA OF DEER VALLEY

(NEVADA Lic # WH 02135)

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies

☒ Practitioners

☒ Hospitals

☐ Wholesalers

☒ Other: SURGICENTERS

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Poisons or Chemicals

☒ Controlled Substances (include copy of DEA)

☐ Other: _____

☐ Hypodermic Devices

☐ Veterinary Legend Drugs

U

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: WH _____)
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<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: Cardinal Health 200 LLC
Physical Address: 3550 Roy Orr Blvd - Suite 180
Mailing Address: 7000 Cardinal Pl - OCLC Attn Cynthia Rhodes
City: Grand Prairie State: OH Zip Code: 75050
Telephone: 972-790-7489 Fax: 614-652-0282
Toll Free Number: N/A
E-mail: gmb-facility-licensing@cardinalhealth.com Website: www.cardinal.com
Facility Manager: Julian Dodd - Manager Operations Management
Professional qualifications and experience of facility manager: See Attached

Types of licensed outlets or authorized persons firm will serve:

<input checked="" type="checkbox"/> Pharmacies	<input checked="" type="checkbox"/> Practitioners	<input checked="" type="checkbox"/> Hospitals	<input checked="" type="checkbox"/> Wholesalers
<input type="checkbox"/> Other: _____			

Type of Products to be handled or wholesaled by firm:

<input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices	<input checked="" type="checkbox"/> Hypodermic Devices
<input type="checkbox"/> Poisons or Chemicals	<input type="checkbox"/> Veterinary Legend Drugs
<input type="checkbox"/> Controlled Substances (include copy of DEA)	
<input checked="" type="checkbox"/> Other: <u>General Medical Supplies</u>	

95748

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Wholesaler ☒ Ownership Change
(Please provide current license number if making changes: WH 01237)

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6
☒ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Priority Healthcare Distribution, Inc. d/b/a Curascript SD Specialty Distribution

Physical Address: 1680 Century Center Parkway, Suite 8 Memphis, TN 38134

Mailing Address: same as physical address

City: _____ State: _____ Zip Code: _____

Telephone: 901-581-5800 Fax: 866-628-8942

Toll Free Number: 877-900-9223

E-mail: vickie.abshire@curascript.com Website: _____

Facility Manager: Vickie Abshire

Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Veterinary

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☒ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA)
☐ Other: _____

W

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane ☐ Reno, NV 89509 ☐ (775) 850-1440

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler

☐ Ownership Change

(Please provide current license number if making changes: WH _____)

☒ Publicly Traded Corporation ☐ Pages 1,2,3,4

☐ Partnership - Pages 1,2,3,6

☐ Non Publicly Traded Corporation ☐ Pages 1,2,3,5a,5b

☐ Sole Owner ☐ Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Flexion Therapeutics, Inc.

Physical Address: 10 Mall Road, Suite 301, Burlington, MA 01803

Mailing Address: 10 Mall Road, Suite 301, Burlington, MA 01803

City: Burlington State: MA Zip Code: 01803

Telephone: 781-305-7777 Fax: 781-202-3399

Toll Free Number: n/a

E-mail: statelicense@flexiontherapeutics.com Website: www.flexiontherapeutics.com

Facility Manager: Frederick Driscoll

Professional qualifications and experience of facility manager: See Attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies

☐ Practitioners

☐ Hospitals

☐ Wholesalers

☒ Other: Specialty Distributors & Specialty Pharmacies

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Hypodermic Devices

☐ Poisons or Chemicals

☐ Veterinary Legend Drugs

☐ Controlled Substances (include copy of DEA)

☐ Other: _____

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALE LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler ☐ Ownership Change
(Please provide current license number if making changes: WH _____)

☒ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership – Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Fresenius USA, Inc. d/b/a Fresenius Medical Care North America

Physical Address: 4040 Nelson Avenue, Concord, CA 94520

Mailing Address: 920 Winter Street

City: Waltham State: MA Zip Code: 02451

Telephone: 781-699-4096 Fax: 781-699-9645
(mailing) (mailing)

Toll Free Number: 800-662-1237 x4096
(mailing)

E-mail: Bridget.Taylor@fmc-na.com Website: www.fmcna.com

Facility Manager: Jimmy McCracken

Professional qualifications and experience of facility manager: B.S in Business Management and more than 25 years experience in supply chain, inventory, and business start ups.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☐ Wholesalers
☒ Other: Dialysis Clinics

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

Y

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH _____)	

<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: Fresenius USA Manufacturing, Inc. d/b/a Fresenius Medical Care North America

Physical Address: 371 S Royal Lane, DFW Airport, TX 75261

Mailing Address: 920 Winter Street

City: Waltham State: MA Zip Code: 02451

Telephone: 781-699-4096 Fax: 781-699-9645
(mailing) (mailing)

Toll Free Number: 800-662-1237 x4096
(mailing)

E-mail: Bridget.Taylor@fmc-na.com Website: www.fmcna.com

Facility Manager: Coyle A. Allen

Professional qualifications and experience of facility manager: M.S. Business and Human Relations and B.S. Business Administration. 2 years working with the applicant, 15 years experience in Pharmaceutical industry.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Dialysis Clinics

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☒ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☒ Other: Prescription and Non-prescription products used in the mitigation and treatment of End Stage Renal Disease

2

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler

☐ Ownership Change

(Please provide current license number if making changes: WH_____)

☐ Publicly Traded Corporation – Pages 1,2,3,4

☐ Partnership - Pages 1,2,3,6

☒ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b

☐ Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: HERCULES PHARMACEUTICALS, INC.

Physical Address: 27 Seaview Boulevard, Port Washington NY 11050

Mailing Address: 27 Seaview Boulevard

City: Port Washington State: NY Zip Code: 11050

Telephone: 212-390-8577 Fax: 212-390-8578

Toll Free Number: 1-800-815-5800

E-mail: compliance@herculesrx.com Website: http://www.herculesrx.com

Facility Manager: TIMOTHY M. WARD

Professional qualifications and experience of facility manager: Corporate executive, attorney with unique combination of compliance experience, international financial transaction experience, business experience and government relations experience focusing on regulation and complex transactions.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies

☒ Practitioners

☒ Hospitals

☒ Wholesalers

☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Poisons or Chemicals

☐ Controlled Substances (include copy of DEA)

☐ Other: _____

☐ Hypodermic Devices

☐ Veterinary Legend Drugs

AA

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler ☐ Ownership Change
(Please provide current license number if making changes: WH _____)

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6
☒ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: HIKMA AMERICAS, INC.
Physical Address: 5865 Ridgeway Center Parkway, Suite 300, Office 352
Mailing Address: _____
City: Memphis State: TN Zip Code: 38120
Telephone: 901-820-4477 Fax: _____
Toll Free Number: _____
E-mail: TradeRelations@hikma-america.com Website: www.hikma-america.com
Facility Manager: FRANK SAWASTANO
Professional qualifications and experience of facility manager: President
(See Resume)

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

manu

BB

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler☐ Ownership Change

(Please provide current license number if making changes: WH _____)

☒ Publicly Traded Corporation – Pages 1,2,3,4☐ Partnership - Pages 1,2,3,6☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b☐ Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Imprimis NJOF, LLC

Physical Address: 1705 Route 46, Suite 6B, Ledgewood, NJ 07852

Mailing Address: 12264 El Camino Real, Suite 350

City: San Diego State: CA Zip Code: 92130

Telephone: (844) 446-6979 Fax: (862) 244-4340

Toll Free Number: (844) 446-6979

E-mail: imprimisnjof@imprimispharma.com

Website: N/A

Facility Manager: Suja Alum

Professional qualifications and experience of facility manager: PharmD (See attached resume)

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies☒ Practitioners☒ Hospitals☐ Wholesalers☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices☐ Poisons or Chemicals☒ Controlled Substances (include copy of DEA)☐ Other: _____☒ Hypodermic Devices☐ Veterinary Legend Drugs

95566

CC

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH_____)	

<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: Integra LifeSciences Corporation

Physical Address: 4900 Cameron Drive, Building A, Cincinnati, OH 45227

Mailing Address: 311 Enterprise Drive

City: Plainsboro State: NJ Zip Code: 08536

Telephone: (513) 533-7979 Fax: (513) 271-1951

Toll Free Number: None

E-mail: john.tarca@integralife.com Website: www.integralife.com

Facility Manager: John Tarca, Interim Plant Manager

Professional qualifications and experience of facility manager: See Exhibit 4

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Surgery Centers

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☒ Other: Medical Devices only - no drugs

95762

DD

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH _____)	

<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: Integra York PA, Inc.

Physical Address: 589 Davies Drive, York PA 17402

Mailing Address: 311 Enterprise Drive

City: Plainsboro State: NJ Zip Code: 08536

Telephone: (717) 840-3400 Fax: (717) 840-9347

Toll Free Number: (800) 221-1344

E-mail: kurt.aissen@integralife.com Website: www.integralife.com

Facility Manager: Kurt Aissen, Plant Manager

Professional qualifications and experience of facility manager: See Exhibit 4

Types of licensed outlets or authorized persons firm will serve:

<input type="checkbox"/> Pharmacies	<input checked="" type="checkbox"/> Practitioners	<input checked="" type="checkbox"/> Hospitals	<input checked="" type="checkbox"/> Wholesalers
<input checked="" type="checkbox"/> Other: <u>Surgery Centers</u>			

Type of Products to be handled or wholesaled be firm:

<input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices	<input type="checkbox"/> Hypodermic Devices
<input type="checkbox"/> Poisons or Chemicals	<input type="checkbox"/> Veterinary Legend Drugs
<input type="checkbox"/> Controlled Substances (include copy of DEA)	
<input checked="" type="checkbox"/> Other: <u>Medical Devices only - no drugs</u>	

95761

EE

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler

☐ Ownership Change

(Please provide current license number if making changes: WH_____)

☐ Publicly Traded Corporation – Pages 1,2,3,4

☒ Partnership – Pages 1,2,3,6

☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b

☐ Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Medline Industries Holdings, LP

Physical Address: One Medline Drive, Wilmer TX 75172

Mailing Address: Three Lakes Drive

City: Northfield State: IL Zip Code: 60093

Telephone: 972-525-3424 Fax: 972-525-6261

Toll Free Number: 1-800-633-5463

E-mail: mjortiz@medline.com

Website: www.medline.com

Facility Manager: Brian Firkins

Professional qualifications and experience of facility manager: Over 4 years of Drug Distribution experience. I help oversee the facility and am involved with ensuring the accuracy of transactions, procedures, policies record keeping and inventory. See Attachment 3

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies

☒ Practitioners

☒ Hospitals

☒ Wholesalers

☒ Other: Nursing Homes, Surgery Centers, Long term Care

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Hypodermic Devices

☒ Poisons or Chemicals

☐ Veterinary Legend Drugs

☐ Controlled Substances (include copy of DEA)

☒ Other: Cosmetics

FF

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane ☐ Reno, NV 89509 ☐ (775) 850-1440

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH _____)	

<input type="checkbox"/> Publicly Traded Corporation ☐ Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation ☐ Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner ☐ Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATIONFacility Name: Neos Therapeutics Brands, LLCPhysical Address: 2940 N. HWY 360 Ste. 400Mailing Address: Same as aboveCity: Grand Prairie State: TX Zip Code: 75050Telephone: 972-408-1300 Fax: 972-408-1143

Toll Free Number: _____

E-mail: reglicense@neostx.com Website: http://www.neostx.com/Facility Manager: Rich EisenstadtProfessional qualifications and experience of facility manager: See AttachedTypes of licensed outlets or authorized persons firm will serve:

<input type="checkbox"/> Pharmacies	<input type="checkbox"/> Practitioners	<input type="checkbox"/> Hospitals	<input checked="" type="checkbox"/> Wholesalers
<input checked="" type="checkbox"/> Other: <u>Retailers</u>			

Type of Products to be handled or wholesaled by firm:

<input type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices	<input type="checkbox"/> Hypodermic Devices
<input type="checkbox"/> Poisons or Chemicals	<input type="checkbox"/> Veterinary Legend Drugs
<input checked="" type="checkbox"/> Controlled Substances (include copy of DEA) Virtual Manufacturer	
<input type="checkbox"/> Other: _____	

95560

GG

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler ☐ Ownership Change
(Please provide current license number if making changes: WH _____)

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6
☒ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Nephron SC, Inc.

Physical Address: 4500 12th Street Ext.

Mailing Address: as above

City: West Columbia State: South Carolina Zip Code: 29172

Telephone: 1-800-443-4313 Fax: 1-803-926-9850

Toll Free Number: as above

E-mail: license@nephronpharm.com Website: www.nephroncompounding.com

Facility Manager: Kristopher Le

Professional qualifications and experience of facility manager: resume attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled be firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☒ Other: 503B Sterile Compounded products: NOT patient-specific

HH

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
 (non-refundable and not transferable money order or cashier's check only)
 Application must be printed legibly or typed

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<input type="checkbox"/> New Wholesaler	<input checked="" type="checkbox"/> Ownership Change
(Please provide current license number if making changes <u>WH 00950</u>)	

<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: Fred Meyer Stores, Inc. DBA Peyton' Phoenix

Physical Address: 5303 W. Buckeye Road Phoenix, AZ 85043

Mailing Address: Kroger Business Licenses P.O. Box 305103

City: Nashville State: TN Zip Code: 37230-5103

Telephone: 615-232-9767 Fax: 615-232-9740

Toll Free Number: _____
business.license@kroger.com

E-mail: andy.buquet@kroger.com Website: _____

Facility Manager: Bradley M. Smith

Professional qualifications and experience of facility manager: Warehouse/Logistics Operations
with pharmaceutical products including controlled substances (See Attached Resume)

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA)
☐ Other: _____

II

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler ☐ Ownership Change
(Please provide current license number if making changes: WH_____)

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6
☒ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: PROTEIN SCIENCES CORPORATION

Physical Address: 1000 RESEARCH PARKWAY MERIDEN, CT 06450

Mailing Address: SAME AS ABOVE

City: _____ State: _____ Zip Code: _____

Telephone: (203) 686-0800 Fax: (203) 686-0268

Toll Free Number: NONE

E-mail: info@proteinsciences.com Website: www.proteinsciences.com

Facility Manager: Timothy J. Fields

Professional qualifications and experience of facility manager: SVP, Quality
See attached resume

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

22

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH _____)	

<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: Pfizer Inc.

Physical Address: 10501 80th Avenue

Mailing Address: Same as above

City: Pleasant Prairie State: WI Zip Code: 53158

Telephone: 262-577-6092 Fax: 262-577-6849

Toll Free Number: N/A

E-mail: timothy.stanard@pfizer.com Website: www.pfizer.com

Facility Manager: Timothy Stanard

Professional qualifications and experience of facility manager: See attached

Types of licensed outlets or authorized persons firm will serve:

- ☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Distributors

Type of Products to be handled or wholesaled by firm:

- ☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA)
☒ Other: Biologics

*Note: License R H0276863 being
converted to Pfizer Inc*

VAWD

95687

KK

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH_____)	

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: Saol Therapeutics Inc.

Physical Address: 1000 Holcomb Woods Parkway, Suite 207

Mailing Address: 1000 Holcomb Woods Parkway, Suite 207

City: Roswell State: GA Zip Code: 30076

Telephone: 770-274-2500 Fax: 770-274-2508

Toll Free Number: n/a

E-mail: info@saolrx.com Website: www.saolrx.com

Facility Manager: Brian Jennette

Professional qualifications and experience of facility manager: 7 years experience as senior finance executive in pharmaceutical industry, 7 years experience in managing drug distribution and the 3PL relationship

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☐ Hospitals ☐ Wholesalers
☒ Other: Hospital pharmacies

Type of Products to be handled or wholesaled by firm:

<input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices	<input checked="" type="checkbox"/> Hypodermic Devices
<input type="checkbox"/> Poisons or Chemicals	<input type="checkbox"/> Veterinary Legend Drugs
<input type="checkbox"/> Controlled Substances (include copy of DEA)	
<input type="checkbox"/> Other: _____	

11

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane ☐ Reno, NV 89509 ☐ (775) 850-1440

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH_____)	

<input checked="" type="checkbox"/> Publicly Traded Corporation	<input type="checkbox"/> Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation	<input type="checkbox"/> Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner <input type="checkbox"/> Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.		

GENERAL INFORMATION

Facility Name: Vanda Pharmaceuticals Inc.

Physical Address: 2200 Pennsylvania Ave NW Suite 300-E

Mailing Address: 2200 Pennsylvania Ave NW Suite 300-E

City: Washington State: DC Zip Code: 20037

Telephone: 202-734-3400 Fax: 202-296-1450

Toll Free Number: n/a

E-mail: annie.gallagher@vandapharma.com Website: www.vandapharma.com

Facility Manager: James Kelly

Professional qualifications and experience of facility manager: See Attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☒ Other: Specialty Pharma & Distribution

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

MM

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler☐ Ownership Change

(Please provide current license number if making changes: WH _____)

☐ Publicly Traded Corporation – Pages 1,2,3,4☐ Partnership - Pages 1,2,3,6☒ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b☐ Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATIONFacility Name: West-Ward Pharmaceuticals Corp.Physical Address: 2130 Rohr RoadMailing Address: sameCity: Lockbourne State: Ohio Zip Code: 43137Telephone: 614-241-4160 Fax: 614-308-3573Toll Free Number: not applicableE-mail: j.clarkson@west-ward.com Website: www.west-ward.comFacility Manager: James ClarksonProfessional qualifications and experience of facility manager: See attached resumeTypes of licensed outlets or authorized persons firm will serve:☐ Pharmacies☐ Practitioners☒ Hospitals☒ Wholesalers☒ Other: ClinicsType of Products to be handled or wholesaled by firm:☒ Legend Pharmaceuticals, Supplies or Devices☐ Hypodermic Devices☐ Poisons or Chemicals☐ Veterinary Legend Drugs☐ Controlled Substances (include copy of DEA)☐ Other: _____

NN

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: Complete Care Medical Supply Inc.

Physical Address: 16756 Ventura Blvd Encino, Ca 91436
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 16756 Ventura Blvd

City: Encino State: Ca Zip Code: 91436

Telephone: (818) 986-9833 Fax: (818) 986-9834

E-mail: fred.completecare@yahoo.com Website: www.completecaremedicalsupplies.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9am to 6pm Tue: 9am to 6pm Wed: 9am to 6pm Thu: 9am to 6pm
Fri: 9am to 6pm Sat: closed to Sun: closed to Holidays: closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Faramarz Saghizadeh

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|---|--|
| <input type="checkbox"/> Medical Gases** | <input checked="" type="checkbox"/> Assistive Equipment |
| <input checked="" type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: _____ |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: Andrew Williams

Telephone: (818) 754-7791

00

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: Essential Medical Solutions, Inc
 Physical Address: 4 Newbern Hwy, Ste C, Yorkville, TN 38389
 (This must be a business address, we can not issue a license to a home address)
 Mailing Address: 4 Newbern Hwy, Ste C
 City: Yorkville State: TN Zip Code: 38389
 Telephone: 877-278-1079 Fax: 877-231-3088
 E-mail: essentialmedicalsolutions@yahoo.com Website: www.essentialmedusa.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:00 to 5:00 Tue: 8:00 to 5:00 Wed: 8:00 to 5:00 Thu: 8:00 to 5:00
 Fri: 8:00 to 5:00 Sat: Closed Sun: Closed Holidays: Closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Amy Webb

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|--|--|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>Ostomy & urological Supplies</u> |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: N/A Telephone: _____

PP

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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☒ New MDEG

☐ Ownership Change

(Please provide current license number if making changes: MP or MW _____)

☐ Publicly Traded Corporation – Pages 1,2,3,4

☐ Partnership - Pages 1,2,3,6

☒ Non Publicly Traded Corporation – Pages 1,2,3,5

☐ Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: DePuy Synthes Products Inc.

Physical Address: 1101 Synthes Ave.

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1101 Synthes Ave.

City: Monument

State: CO

Zip Code: 80132

Telephone: 719-481-5300

Fax: 719-481-5543

E-mail: ERIVERA2@its.jnj.com

Website: www.depuysynthes.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: _____ to _____ Tue: _____ to _____ Wed: _____ to _____ Thu: _____ to _____ 24 hours / 7 days a week

Fri: _____ to _____ Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Eduardo Rivera

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

☐ Medical Gases**

☐ Assistive Equipment

☐ Respiratory Equipment**

☐ Parenteral and Enteral Equipment**

☐ Life-sustaining equipment**

☐ Orthotics and Prosthesis

☐ Diabetic Supplies

Other Prescription medical devices.

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: N/A

Telephone: N/A

QQ

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: FREEDOM ORTHOTICS, INC.

Physical Address: 1714 COUNTY ROAD 1, SUITE 23
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1714 COUNTY ROAD 1, SUITE 23

City: DUNEDIN State: FL Zip Code: 34698

Telephone: (727) 754-9493 Fax: _____

E-mail: j.harrison@freedomorthotics.com Website: www.freedomorthotics.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30 AM to 2:30 PM Tue: 8:30 AM to 2:30 PM Wed: 8:30 AM to 2:30 PM Thu: 8:30 AM to 2:30 PM
Fri: 8:30 AM to 2:30 PM Sat: CLOSED Sun: CLOSED Holidays: CLOSED

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: JOHN HARRISON

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|--|--|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: _____ |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: _____ Telephone: _____

95685

RR

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: HCS TENS Services LLC

Physical Address: 10800 North Congress Ave. Suite C Kansas City MO 64153-1228
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 19387 US 19 North

City: Clearwater State: FL Zip Code: 33764

Telephone: 844-437-5479 Fax: _____

E-mail: denisse.grooms@ahom.com Website: none

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:00 to 5:00 Tue: 8:00 to _____ Wed: 8:00 to 5:00 Thu: 8:00 to 5:00
Fri: 8:00 to 5:00 Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Dorothy Schulenberg

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|--|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>TENS</u> |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: _____ Telephone: _____

95552

SS

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

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<input type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input checked="" type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: Innovative Medical Solutions Experts, DBA IMS Experts, LLC

Physical Address: 1696 Country Club Drive
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1696 Country Club Drive

City: Mansfield State: Texas Zip Code: 76063

Telephone: (817)453-9767 Fax: (817)473-1839

E-mail: Sissy_ims@att.net Website: imsexperts.net

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5
Fri: 9 to 5 Sat: na to Sun: na to Holidays: na to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Kimberly Welch is owner, Sissy Nicholson is contract specialist

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|--|--|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>Bone Growth Stimulators, TENS Unit</u> |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: Kimberly Welch Telephone: 817-453-9767

95690

TT

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input checked="" type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: Mari Medical Care LLC

Physical Address: 3260 New MacLand Rd, Bldg 100, Powder Springs, GA 30127
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1305 City View Center

City: Oviedo State: FL Zip Code: 32765

Telephone: 678-695-8073 Fax: 678-695-8073

E-mail: twright@rxcinc.com Website: n/a

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8AMto 5PM Tue: 8AM to 5PM Wed: 8AM to 5PM Thu: 8AMto 5PM
Fri: 8AM to 5PM Sat: Closedto Sun: Closedto Holidays: Closedto

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Edwina Rios

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|--|--|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>Back, knee, wrist, shoulder braces, and tens units</u> |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: n/a Telephone: n/a

05747

UU

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input checked="" type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: National Bladder Association, LLC

Physical Address: 253 Plaza Drive, Unit A, Oviedo, FL 32765
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1305 City View Center

City: Oviedo State: FL Zip Code: 32765

Telephone: 407-901-7592 Fax: 407-901-7592

E-mail: twright@rxcinc.com Website: n/a

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8AM to 5PM Tue: 8AM to 5PM Wed: 8AM to 5PM Thu: 8AM to 5PM

Fri: 8AM to 5PM Sat: closed to Sun: closed to Holidays: closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Tony Wright

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|--|--|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>back, knee, wrist, shoulder, ankle braces and tens units</u> |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: n/a Telephone: n/a

95549

VV

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: SYCAMORE PERSONAL AND WELLNESS CARE, LLC

Physical Address: 17300 N. Dallas Parkway, #1080B, Dallas, TX 75248
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 17300 N. Dallas Parkway, #1080B, Dallas, TX 75248

City: Dallas State: TX Zip Code: 75248

Telephone: 1-866-489-4016 Fax: 1-866-559-8802

E-mail: D.Davis@Sycamore-dme.com Website: www.Sycamore-dme.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 5pm Tue: 8am to 5pm Wed: 8am to 5pm Thu: 8am to 5pm
Fri: 8am to 5pm Sat: - to - Sun: - to - Holidays: - to -

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Dee Davis

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|--|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>Braces, pillows, tens units, posture pumps</u> |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: N/A Telephone: N/A

95684

WW

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input type="checkbox"/> New MDEG	<input checked="" type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW <u>MP010271</u>)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: Walgreens Mail Service

Physical Address: 8350 S. River Pkwy., Tempe, AZ 85284-2615
(This must be a business address, we can not issue a license to a home address)

Mailing Address: PO Box 901

City: Deerfield State: IL Zip Code: 60015

Telephone: (800) 345-1985 Fax: 480-752-5271

E-mail: rxm.03397@store.walgreens.com Website: walgreens.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 5:15AM to 8:30PM Tue: 5:15AM to 8:30PM Wed: 5:15AM to 8:30PM Thu: 5:15AM to 8:30PM
Fri: 5:15AM to 8:30PM Sat: 6AM to 8:30PM Sun: 11:30AM to 8:30PM Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Hazem Abawi

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|---|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: _____ |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: _____ Telephone: _____

XX

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH _____)			

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input checked="" type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Elite Endoscopy Southwest

Physical Address: 9120 W Post Rd Ste 102

Mailing Address: Same

City: Las Vegas State: NV Zip Code: 89148

Telephone: 702-485-5100 Fax: 702-485-5101

Toll Free Number: _____

E-mail: tp@glue.med.com Website: www.eliteendo.com

Managing Pharmacist: Mary Greas RPh License Number: 10687

Hours of Operation:

Monday thru Friday 7 am 3 pm

Saturday — am — pm

Sunday — am — pm

24 Hours —

TYPE OF PHARMACY

SERVICES PROVIDED

- ☐ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☐ Out of State
- ☒ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☐ Mail Service
- ☐ Long Term Care

YY

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH _____)			

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input checked="" type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Precision Surgery Center

Physical Address: 1701 Bearden Drive, Suite 202

Mailing Address: 1701 Bearden Drive, Suite 200

City: Las Vegas State: Nevada Zip Code: 89106

Telephone: (702) 310-9110-ext. 2007 Fax: (702) 310-9114

Toll Free Number: Ø MA

E-mail: zarcaprxmedicalcenter.net Website: Ø MA

Managing Pharmacist: Mary Greer License Number: 10687

Hours of Operation:

Monday thru Friday 9 am 5 pm

Saturday closed am _____ pm

Sunday closed am _____ pm

24 Hours N/A

TYPE OF PHARMACY

SERVICES PROVIDED

<input type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

95751